

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/52059

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		2		1		
10		1		1		
11		1		1		
12		1		1		
13	1		1			
14	1		1			
15	1		1			
16	1		1			
17	1		1			
18	1		1			
19	1		1			
20	1		1			
21	1		1			
22	1		1			
23		1		1		
24		1		1		
25		1		1		
26		1		1		
27	1		1			
28		1		1		
29		1		1		
30		2		1		
31		1		1		
32		1		1		
33		1		1		
34	1		1			
35		1		1		
36		1		1		
37		1		1		
38	1		1			
39	1		1			
40	1		1			
41	1		1			
42	1		1			
43	1		1			
44	1		1			
45	1		1			
46	1		1			
47		1		1		
48	1		1			
49		1		1		
50	1		1			
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1		1		
52	1		1			
53	1		1			
54		2		1		
55	1		1			
56	1		1			
57		2		1		
58	1		1			
59	1		1			
60		2		1		
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	30	↓		↓
TOTAL DEP.	←		30	←	←	
TOTAL CLAIMS						